

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Dhar Solanki et al. :
Serial No.: 10/677,930 : Art Unit: 3626
Filed: October 2, 2003 : Examiner: Rapillo, Kristine K
For: SYSTEMS AND METHODS :
FOR QUOTING :
REINSURANCE :
:

**Mail Stop: RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Amendment in response to Office Action dated February 23, 2010 (17 pages)

STATUS

2. Applicant
 claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 130.00	\$ 65.00
<input checked="" type="checkbox"/> second month	\$ 490.00	\$ 245.00
<input type="checkbox"/> third month	\$ 1,110.00	\$ 555.00
<input type="checkbox"/> fourth month	\$ 1,730.00	\$ 865.00
<input type="checkbox"/> fifth month	\$ 2,350.00	\$1,175.00
	Fee Due	<u>\$ 490.00</u>

If an additional extension of time is required, please consider this a petition therefor.
(Check and complete the next item, if applicable)

- An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
TOTAL INDEP.	MINUS	=	x \$26.00 = \$	x \$52.00 = \$
	MINUS	=	x \$110.00 = \$	x \$220.00 = \$
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM		+ \$195.00 = \$	+ \$390.00 = \$
			TOTAL ADDITIONAL FEE \$	OR TOTAL ADDITIONAL FEE \$

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$

FEE PAYMENT

5. _____ Attached is a check in the sum of \$_____

Charge Deposit Account No. 01-2384 the sum of \$490.00
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:



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